

# CITY OF SEATTLE

## Police Guild & SPMA Retirees

### 2014 Rates

|  |               | Disability<br>Medicare Eligible<br>Under Age 65 | Medicare Eligible<br>Under Age 65 | Medicare Eligible<br>65 and Over |
|--|---------------|---|-----------------------------------|----------------------------------|
| <b>City of Seattle Traditional</b>                           |               |   |                                   |                                  |
| Retiree  | \$990.15      | \$424.39  | Not Available                     |                                  |
| Spouse / Domestic Partner                                    | \$891.74      | \$383.49  | Not Available                     |                                  |
| 1st Child under age 26                                       | \$296.95      | Not Available                                   | Not Available                     |                                  |
| <b>All</b> Additional Children (not each child) under age 26 | \$229.26      | Not Available                                   | Not Available                     |                                  |
| <b>Each</b> disabled child past the limiting age             | \$440.97      | Not Available                                   | Not Available                     |                                  |
| <b>City of Seattle Preventive</b>                            |               |   |                                   |                                  |
| Retiree  | \$1,098.92    | \$471.03  | Not Available                     |                                  |
| Spouse / Domestic Partner                                    | \$987.21      | \$424.56  | Not Available                     |                                  |
| 1st Child under age 26                                       | \$311.74      | Not Available                                   | Not Available                     |                                  |
| <b>All</b> Additional Children (not each child) under age 25 | \$234.87      | Not Available                                   | Not Available                     |                                  |
| <b>Each</b> disabled child past the limiting age             | \$475.28      | Not Available                                   | Not Available                     |                                  |
| <b>Group Health Traditional</b>                              |               |   |                                   |                                  |
|  |               | <b>GH Clear Care</b>                            | <b>GH Clear Care</b>              |                                  |
| Retiree  | \$824.27      | \$311.22  | \$311.22                          |                                  |
| Spouse / Domestic Partner                                    | \$824.27      | \$311.22  | \$311.22                          |                                  |
| 1st Child under age 26                                       | \$242.31      | Not Available                                   | Not Available                     |                                  |
| <b>Each</b> Additional Child under age 26                    | \$211.11      | Not Available                                   | Not Available                     |                                  |
| <b>Each</b> disabled child past the limiting age             | \$242.31      | Not Available                                   | Not Available                     |                                  |
| <b>Group Health Deductible</b>                               |               |   |                                   |                                  |
| Retiree  | \$477.19      | Coverage available under GH Clear Care          |                                   |                                  |
| Spouse / Domestic Partner                                    | \$477.19      | Coverage available under GH Clear Care          |                                   |                                  |
| 1st Child under age 26                                       | \$277.92      | Not Available                                   | Not Available                     |                                  |
| <b>Each</b> Additional Child under age 25                    | \$256.75      | Not Available                                   | Not Available                     |                                  |
| <b>Each</b> disabled child past the limiting age             | \$277.92      | Not Available                                   | Not Available                     |                                  |
| <b>United Healthcare Medicare Complete HMO</b>               |               |   |                                   |                                  |
| HMO (each enrollee)  | Not Available | Not Available                                   | \$299.64                          |                                  |
| <b>Aetna Medicare Plan (PPO)</b>                             |               |   |                                   |                                  |
| Washington State Resident                                    | Not Available | Not Available                                   | \$250.27                          |                                  |
| Non-Washington State Resident                                | Not Available | Not Available                                   | \$302.91                          |                                  |